06/03/2010 10:46

Image# 10930798352

#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Addition				Office Use 0	Only
1.	NAME OF COMMITTEE (in full)			IAILING LAI DR PRINT 🗑		Example:If typover the lines	oing, type			
l i	American Academy of Dern	natology	Assoc	ciation Politic	al Action Co	ommittee (Skii	nPAC)	1 1 1 1		<b>.</b>
1										
Ш		. 44	45 N							
AD	DRESS (number and street)		-45 Ne 	w York Aveni	Je NVV					
Г	Check if different	30	e 600							
L	than previously reported. (ACC)	L W	ashing	ton				DC	2000	05
2.	FEC IDENTIFICATION NU	MBER	*		CITY 🛦			STATE	▲ ZIF	PCODE A
	C00359539				3. IS THI REPO		NEW (N) <b>OF</b>	R 🗌	AMENDED (A)	
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2)		b) Mo Rep	oort	Feb 20 (M	Л2)	May 20 (M	5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
			Due On:		Mar 20 (N	M3) X	Jun 20 (M	6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
					Apr 20 (N	14)	Jul 20 (M7	r)	Oct 20 (M10)	Jan 31 (YE)
			(c)	12-Day	Day Primary (12P)		12P)	General (12G)		Runoff (12R)
			PRE-Election			ion		H		
	October 15 Quarterly Report(	O3)		Report for the:		Convention (12C)		Special (12G) in the		
	January 31 Quarterly Report(	′ 1								
	July 31 Mid-Year Report(Non-electi Year Only) (MY)		(d) 30-Day Post -Ele Report fo			General (	30G)	Ru	noff (30R)	Special (30S)
	Termination Repo (TER)	rt								the
		I			Election on				Si	tate of
5.	Covering Period 0	5	0 1	201	0	throug	gh 0.5	3	2010	
l ce	ertify that I have examined this	Report	and to	the best of r	ny knowled	ge and belief	it is true, corre	ect and com	plete.	
Тур	oe or Print Name of Treasurer	<u> </u>	Steven	J. Debnar						
Sig	nature of Treasurer Electr	onically	Filed b	y Steven	J. Debnar			Date	06 03	2010
NO	TE : Submission of false, erro	oneous,	or inc	omplete infor	mation may	subject the p	erson signing	this Repor	t to the penalties of	2 U.S.C 437g.
	Office Use								<b>I</b>	ORM 3X 12/2004)

FE6AN026

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3X}$ 

Transaction ID:

#### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

3 / 25

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Academy of Dermatology Association Political Action Committee (SkinPAC)

D D 0 1 05 2010 0 5 31 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 273974.15 January 1 (b) Cash on Hand at 374948.97 Begining of Reporting Period ..... 23430.25 174557.25 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 398379.22 448531.40 6(a) and 6(c) for Column B) ..... 12935.02 63087.20 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 385444.20 385444.20 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 25

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

м м 0 5

Report Covering the Period:

From:

D D 0 1

2010

то.

м м 0 5 D D 31

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	17949.00	148329.00
	(ii) Unitemized	5481.25	26228.25
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	23430.25	174557.25
(1	b) Political Party Committees	0.00	0.00
•	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23430.25	174557.25
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
4. L 5. C	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
-	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(1	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	23430.25	174557.25
	otal Federal Receipts subtract Line 18(c) from Line 19)	23430.25	174557.25

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 25

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	025.02	2027 20
	Expenditures	935.02	3087.20
	(c) Total Operating Expenditures	935.02	3087.20
2	(add 21(a)(i), (a)(ii) and (b))	933.02	3007.20
۷.	Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	12000.00	60000.00
4.	Independent Expenditure		
	(use Schedule E)	0.00	0.00
<b>5</b> .	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
_		0.00	0.00
6.	Loan Repayments Made	0.00	0.00
_	Lases Made	0.00	0.00
	Loans Made  Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	2.22	
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12935.02	63087.20
	_		
2.	Total Federal Disbursements		
	(a. datus at 1 in a Od (a) (ii) and 1 in a OO (a) (ii)		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	12935.02	63087.20

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 25

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	23430.25	174557.25
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	23430.25	174557.25
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	935.02	3087.20
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	935.02	3087.20

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17			
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to gy Association Political Action Committee (S				
Full Name (Last, First, Middle Initial) Mireille Claude Algazi Mailing Address 2732 N Alvernon  City Tucson  FEC ID number of contributing federal political committee.	State Zip Code AZ 85712-1804  C Occupation	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Dermatologist  Aggregate Year-to-Date ▼  1000.00	]			
Full Name (Last, First, Middle Initial) Tricia R. Andrews  Mailing Address 7744 Deerwood P	oint Court	Date of Receipt  0 5 1 4 2 0 1 0			
City  Jacksonville  FEC ID number of contributing federal political committee.	State Zip Code FL 32256-2825	Transaction ID: 85418D3EC50CC01937 Amount of Each Receipt this Period 400.00			
Name of Employer Jacksonville Dermatology Assoc, PL Receipt For:  Primary General Other (specify) ▼	Occupation Dermatologist  Aggregate Year-to-Date ▼	Visa			
Full Name (Last, First, Middle Initial) David S. Balle Mailing Address 18050 Mack Aven	David S. Balle				
City  Grosse Pointe  FEC ID number of contributing federal political committee.	State Zip Code MI 48230-6235	0 5			
Name of Employer Grosse Pointe Dermatology Assoc. Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼  500.00				
SUBTOTAL of Receipts This Page (option	nal)	1900.00			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology As	name and ad	dress of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Bonnie L. Barsky Mailing Address 1626 Ravine Terrace			Date of Receipt
	City Highland Park	State IL	Zip Code 60035-3347	Transaction ID: ECBEF4079BD4B4F3419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed  Receipt For:  Primary  General  Other (specify) ▼	Physicia		
В.	Full Name (Last, First, Middle Initial) Robert E. Beer  Mailing Address PO Box 476			Date of Receipt  0 5 0 5 2 0 1 0
	City	State	Zip Code	Transaction ID: 025D139E2072CA53829
	Orinda  FEC ID number of contributing federal political committee.	CA	94563-0476	Amount of Each Receipt this Period  365.00
	Name of Employer Balfour Dermatology & Day Spa, Inc. Receipt For:  Primary  General  Other (specify) ▼	Occupation Physicia Aggregate		
C.	Full Name (Last, First, Middle Initial) Scott D. Bennion Mailing Address 2800 Garden Creek Ro	Date of Receipt		
	City	State	Zip Code	0 5 1 4 2 0 1 0 Transaction ID: D3B50B8037D12432906
	Casper	WY	82601-6600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		70.00
	Name of Employer Central Wyoming Skin Clin- ic			MasterCard
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 280.00	
	SUBTOTAL of Receipts This Page (optional)			685.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements mage name and add	In the sold or used by any persides of any political committee to	
	NAME OF COMMITTEE (In Full)  American Academy of Dermatology A	Association P	Political Action Committee (S	SkinPAC)
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Michelle M. Blaeser			Date of Receipt
	Mailing Address 1871 Bayard Avenue	05 05 2010		
	City Saint Paul	State MN	Zip Code 55116-1212	Transaction ID: 46D5E23198534704D56
	FEC ID number of contributing federal political committee.	C	33116-1212	Amount of Each Receipt this Period  365.00
	Name of Employer Park Nicollet Clinic	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	<del>, ' ' '                               </del>	e Year-to-Date ▼ 365.00	
- В.	Full Name (Last, First, Middle Initial) Leyda Elizabeth Bowes-Manstein			Date of Receipt
	Mailing Address Apt. A2009 1865 Brickell Avenue			05 14 2010
	City		Zip Code	Transaction ID: 14EEAB23A3F17C7A110
	Miami  FEC ID number of contributing federal political committee.	FL C	33129-1652	Amount of Each Receipt this Period 250.00
	Name of Employer Bowes Dermatology Group	Occupatio		Visa
	Receipt For:  Primary General  Other (specify) ▼	Dermato Aggregate	e Year-to-Date ▼ 250.00	
_ С.	Full Name (Last, First, Middle Initial) Glenn H. Brown			Date of Receipt
	Mailing Address Suite 320B 1450 S Dobson Road			05 26 YYYYY 2010
	City	State AZ	Zip Code 85202-4765	Transaction ID: 0E51A3FF41CDC295632
	Mesa FEC ID number of contributing federal political committee.	C	65202-4765	Amount of Each Receipt this Period  250.00
	Name of Employer Occupation Self Employed Dermato			Amex
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ				865.00

NAME OF CO American A	OMMITTEE (In Full) cademy of Dermatology A st, First, Middle Initial) urnett		y not be sold or used by any pers dress of any political committee t olitical Action Committee (S	son for the purpose of soliciting contributions to solicit contributions from such committee.  SkinPAC)
A. Steven Mark B	urnett			
City Sarasota FFC ID numb	er of contributing	State FL	Zip Code 34236-7787	Date of Receipt    M M M
Name of Emp Self Employed Receipt For:	al committee.	Occupation Physician Aggregate		Amex 500.00
B. Jeffrey Phillip (	st, First, Middle Initial) Callen ss 5107 Long Knife Run	State	Zip Code	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
Louisville FEC ID numb federal politica Name of Emp Associates in Receipt For:	lover	C Occupation Physiciar	40207-1179	Amount of Each Receipt this Period  500.00  Amex
C. John Y. Chung Mailing Addre  City  Rocky Face  FEC ID numb	Rocky Face GA		Zip Code 30740-9558	Date of Receipt    M   M   D   D   D   Y   Y   Y   Y   Y   Y   Y
Name of Emp Skin Cancer ( Receipt For: Primary Other (s		Occupation Physician Aggregate		Amex
SUBTOTAL of I	Receipts This Page (optional) .			1365.00

	ULE A (FEC Form 3X) ED RECEIPTS	for each cat	te schedule(s)	FOR LINE NUMBER: PAGE 11 / 25 check only one)    X
or for comm	ation copied from such Reports and sercial purposes, other than using the DF COMMITTEE (In Full) an Academy of Dermatology A	e name and address of any pol	litical committee to sol	or the purpose of soliciting contributions icit contributions from such committee.
Full Nam	ne (Last, First, Middle Initial)		,	,
Cheryl S. Mailing A				Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Livings</u>		State Zip Code NJ 07039-48	00	Transaction ID: C1E701C0262ED072A0  Amount of Each Receipt this Period
	number of contributing political committee.	С		365.00
Name of Self Emp	Employer ployed	Occupation Physician		Amex
	For: imary General her (specify) ▼	Aggregate Year-to-Date	365.00	
Clay J. C	ne (Last, First, Middle Initial) cockerell Address 4312 Arcady Avenue	I .		Date of Receipt
	4312 Alcady Avenue		05 14 2010	
City		State Zip Code		Transaction ID: 6590FE6F6A5EAF6BB
<u>Dallas</u>		TX 75205-37	04	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00 MasterCard
Name of Cockere	Employer II & Associates	Occupation  Dermatologist		Masteroard
	For: imary General her (specify) ▼	<del>, '                                   </del>	1500.00	
Full Nam Karen Co	ne (Last, First, Middle Initial) ollishaw			Date of Receipt
Mailing A	Address Suite 870 1350 I Street Northwe		05 14 2010	
City <u>Washir</u>	agton	State Zip Code DC 20005-33	07	Transaction ID: A7FC0DBC73FD9EAB
FEC ID	number of contributing olitical committee.	C 20003-33		Amount of Each Receipt this Period 84.00
<u>tology</u>	Employer n Academy of Derma-	Occupation Association Managem		Visa
	For: imary General her (specify) ▼	Aggregate Year-to-Date	336.00	
		I		949.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 25 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology A			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Raymond L. Cornelison, Jr.			Date of Receipt
	Mailing Address 1716 Elmhurst Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State OK	Zip Code	Transaction ID: A6A02325C15B0B3BD0
	Nichols Hills  FEC ID number of contributing federal political committee.	C	73120-1012	Amount of Each Receipt this Period  1250.00
	Name of Employer Univ of Oklahoma	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
– В.	Full Name (Last, First, Middle Initial) Stuart R. Gildenberg	1		Date of Receipt
	Mailing Address Suite 201 11900 E 12 Mile Road	05 26 2010		
	City	State	Zip Code	Transaction ID: 3A80D3D980D347460A4
	Warren FEC ID number of contributing federal political committee.	C	48093-3490	Amount of Each Receipt this Period  365.00
	Name of Employer Midwest Ctr for Derm & Co- smetic Surger	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ C.	Full Name (Last, First, Middle Initial) Lawrence J. Green			Date of Receipt
	Mailing Address 7820 Mary Cassatt Dr	ive		0 5
	City Potomac	State MD	Zip Code 20854-3227	Transaction ID: 59FB040B25862A8D324  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Occupation Self Employed Dermato			Amex
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1865.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 25 (check only one)    X
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology A	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Stephen E. Helms			Date of Receipt
	Mailing Address 8485 Squirrel Hill Driv	05 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Warren	State OH	Zip Code 44484-2051	Transaction ID: F2DB2DCD16A62D35F7 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Stephen E. Helms MD Inc.	Occupatio Physicia		Amex
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Robert L. Henderson, Jr. Mailing Address 4032 Lambert Trail	1		Date of Receipt    M
	City	State	Zip Code	Transaction ID: 20C4FCAFD5897C67539
	Birmingham	AL	35242-7487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Shelby Dermatology PC	Occupatio Dermato	logist	PayPal
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) Janet G. Hickman Mailing Address 107 Lee Circle	Date of Receipt		
				05 26 2010
	City Lynchburg	State VA	Zip Code 24503-1336	Transaction ID: 56D29E4CC2245241A2C  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	2.000	500.00
	Name of Employer Occupation Dermatology Consultants, Inc.			MasterCard
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 25 (check only one)    X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology A	e name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Allen David Kallor  Mailing Address 107 Lyman Road  City  West Hartford  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State CT C Occupatio Physicial Aggregate		Date of Receipt  M M / D D / Y Y Y Y  O 5
В.	Full Name (Last, First, Middle Initial) Albert A. Kattine  Mailing Address 6342 Shadow Ridge C  City  Brentwood  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State TN C Occupatio Dermato		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: D9E6AF208DECDD24EAF  Amount of Each Receipt this Period  125.00  Visa
с.	Full Name (Last, First, Middle Initial) Lloyd E. King, Jr.  Mailing Address 211 Kensington Park  City Nashville  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State TN C Occupatio Dermato Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  O 5 2 0 1 0  Transaction ID: 46CEC3D2257E830A483  Amount of Each Receipt this Period  250.00
	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number			625.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 25 (check only one)    X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology As	name and add	ress of any political committee to	o solicit contributions from such committee.
<b>A.</b>	Full Name (Last, First, Middle Initial) Henry W. Lim Mailing Address 7 Elmsleigh Lane  City Grosse Pointe  FEC ID number of contributing federal political committee.  Name of Employer Henry Ford Health System  Receipt For: Primary General Other (specify)	State MI  C  Occupation Physician Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y  O 5
В.	Full Name (Last, First, Middle Initial) Peter A. Lio Mailing Address 1710 S Indiana Avenue City Chicago  FEC ID number of contributing federal political committee.  Name of Employer Northwestern Univ Feinberg School of M Receipt For: Primary General Other (specify)	State IL C Occupation Physician		Date of Receipt  M M M / D D / Y Y Y Y Y  O 5 1 4 2 0 1 0  Transaction ID: 1ED910ADE6BEE9D96E  Amount of Each Receipt this Period  365.00  Visa
_ C.	Full Name (Last, First, Middle Initial) John R. Luckasen  Mailing Address Suite 360N 4242 Farnam Street  City Omaha  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State NE C Occupation Physician Aggregate		Date of Receipt  M M / D D / Y Y Y Y Y  O 5
	SUBTOTAL of Receipts This Page (optional)		<b>)</b>	1865.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 25 (check only one)    X
\ \ \	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology As	name and add	dress of any political committee	to solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Stephanie A. Mackey  Mailing Address 1027 Hunters Path  City  Lancaster  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General  Other (specify)	State PA C Occupatio Physicial Aggregate		Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
В.	Full Name (Last, First, Middle Initial) Victor James Marks  Mailing Address PO Box 524  City  Riverside  FEC ID number of contributing federal political committee.  Name of Employer Geisinger Medical Center  Receipt For:  Primary General Other (specify)	State PA  C  Occupatio Self Emp Aggregate	Zip Code 17868-0524	Date of Receipt  M M M / D D D / Y Y Y Y Y  Transaction ID: 4304416BAB4873E48D4  Amount of Each Receipt this Period  250.00  Visa
<b>C</b> .	Full Name (Last, First, Middle Initial)  Elizabeth Shannon Martin  Mailing Address 861 Tulip Poplar Drive  City  Birmingham  FEC ID number of contributing federal political committee.  Name of Employer Martin Dermatology and Skin Wellness  Receipt For:  Primary General  Other (specify)	State AL  C  Occupatio Physician Aggregate		Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
r	SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of			600.00

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
NAME (	ation copied from such Reports and nercial purposes, other than using th OF COMMITTEE (In Full) can Academy of Dermatology A			on for the purpose of soliciting contributions o solicit contributions from such committee.
Charity Mailing City Brentw FEC ID federal p Name o Franklin p, PLC Receipt Pr	number of contributing political committee.  f Employer n Dermatology Grou-	State TN C Occupation Dermato	e Year-to-Date ▼	Date of Receipt    M M
Philip Da Mailing City Frankli FEC ID federal p  Name o Self Em	number of contributing political committee.  f Employer aployed	State NC C Occupation Physicia Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  O 5 / 2 0 1 0  Transaction ID: 160DAE56C9ABF045AA  Amount of Each Receipt this Period  250.00
City Nashv FEC ID federal p  Name o Self Em	Address 3404 Springbrook Dri  ille  number of contributing political committee.  f Employer aployed	State TN C Occupation Physicia		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 5C22F6238710D01D678  Amount of Each Receipt this Period  250.00
SUBTOTA	AL of Receipts This Page (optional)			600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
NAME OF COMMITTEE (In Full) American Academy of Dermatology	d Statements may not be sold or used by any pers the name and address of any political committee to Association Political Action Committee (S	
Full Name (Last, First, Middle Initial) Norman Minars  Mailing Address 4801 N 33rd Court  City Hollywood  FEC ID number of contributing federal political committee.  Name of Employer Minars Dermatology  Receipt For: Primary General Other (specify)	State Zip Code FL 33021-2318  C  Occupation Physician  Aggregate Year-to-Date  250.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Ronald L. Moy  Mailing Address # 485  2934 N Beverly Glet  City  Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer Moy Fincher Facial Plastics/Dermatolog  Receipt For:  Primary General  Other (specify) •	C State Zip Code CA 90077-1724  C Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Serena M. Mraz-Gernhard  Mailing Address 3 Pepper Creek Wa  City  Novato  FEC ID number of contributing federal political committee.  Name of Employer Solano Dermatology Assoc.  Receipt For:  Primary General Other (specify)	State Zip Code CA 94947-2076  C  Occupation Dermatologist  Aggregate Year-to-Date ▼  365.00	Date of Receipt  M M M 20 20 2010  Transaction ID: AB53513558DA6ED779  Amount of Each Receipt this Period  365.00  Amex
SUBTOTAL of Receipts This Page (optional	)	865.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal ename and address of any political committee to Association Political Action Committee (S	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Eileen Murray  Mailing Address Apt. 2601  400 N Lasalle Street  City  Chicago  FEC ID number of contributing federal political committee.  Name of Employer  AAD  Receipt For:  Primary  General  Other (specify)	State Zip Code IL 60610-8530  C  Occupation Association Management  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Chad L. Prather Mailing Address 1737 May Street  City Baton Rouge  FEC ID number of contributing federal political committee.  Name of Employer Dermasurgery Center  Receipt For: Primary General Other (specify)	State Zip Code LA 70808-2074  C  Occupation Physician Aggregate Year-to-Date  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: 2440485BDAAED9DA95  Amount of Each Receipt this Period  100.00  Amex
Full Name (Last, First, Middle Initial) Richard E. Ranchoff Mailing Address 23777 W Rim Drive  City Columbia Station  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State Zip Code OH 44028-8918  C  Occupation Physician Aggregate Year-to-Date  250.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional) and TOTAL This Period (last page this line number		600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 25 (check only one)    X   11a
7	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology A			
Α.	Full Name (Last, First, Middle Initial) Jonathan Scott Sanders  Mailing Address Apt. 101 576 7th Square  City  Vero Beach  FEC ID number of contributing federal political committee.  Name of Employer Treasure Coast Dermatology  Receipt For: Primary General Other (specify)	State FL C Occupation Physicia Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 2C1F8A26304BD2A92EC  Amount of Each Receipt this Period  1000.00
В.	Full Name (Last, First, Middle Initial) Harry W. Saperstein  Mailing Address 10271 Monte Mar Driv  City  Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer Self-Employed  Receipt For:  Primary General Other (specify)	State CA C Occupation Dermato		Date of Receipt    M M M   D D D   Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- C.	Full Name (Last, First, Middle Initial) Karl W. Siebe Mailing Address 11618 Woods Bay La  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer Dermatology of Noblesville  Receipt For: Primary General Other (specify)	State IN C Occupatio Physicia		Date of Receipt  M M M O D O D O D O D O D O D O D O D O
	SUBTOTAL of Receipts This Page (optional) .			1900.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 25 (check only one)    X
\ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology A	e name and ad	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Stephen P. Stone Mailing Address 2021 S Wiggins Avenue	ue	·	Date of Receipt  0 5 1 4 2 0 1 0
	City Springfield	State IL	Zip Code 62704-3338	Transaction ID: 6A5DD30B9EBA98857C
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer SIU School of Medicine, Div of Dermato  Receipt For:  Primary General  Other (specify) ▼	Occupation Physicia Aggregate		
- В.	Full Name (Last, First, Middle Initial) Sabra Sullivan Mailing Address 102 Hidden Heights	'		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 8FB06453B5E892E16DE
	Ridgeland FEC ID number of contributing federal political committee.	MS C	39157-8626	Amount of Each Receipt this Period 300.00
	Name of Employer Dermatology Associates,  LLC Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physicia Aggregate		MasterCard
С.	Full Name (Last, First, Middle Initial) Cyndi M. Torosky Mailing Address 308 Fairfax Avenue	1		Date of Receipt  0 5 1 4 2 0 1 0
	City	State	Zip Code	Transaction ID: FAFD9A46C27B23589C
	Norfolk  FEC ID number of contributing federal political committee.	C	23507-2216	Amount of Each Receipt this Period  365.00
	Name of Employer Pariser Dermatology	Occupation Dermato		Visa
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)			1165.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Academy of Dermatology A	Association Political Action Committee (SI	kinPAC)
Full Name (Last, First, Middle Initial) Michael Rebert Warner		Date of Receipt
Mailing Address 10002 Prestwich Terr	race	05 26 2010
City Ijamsville	State Zip Code MD 21754-9601	Transaction ID: 00FB2AC8287DACBA33  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer The Cosmetic & Skin Surge- ry Center Receipt For: Primary General	Occupation Dermatologist  Aggregate Year-to-Date ▼	
Other (specify) ▼  Full Name (Last, First, Middle Initial)	300.00	
. Robert J. Willard  Mailing Address 3960 S Mallard Lane		Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C06E396B85C6BA0E8B
<u>Doylestown</u>	PA 18902-1281	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Dermatology & Mohs Surgery Center, PC	Occupation Dermatologist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Michael D. Zanolli		Date of Receipt
Mailing Address 513 Fairfax Avenue		05 14 2010
City Nashville	State Zip Code TN 37212-4010	Transaction ID: D8B29B0A7E6F365FB8
FEC ID number of contributing federal political committee.	C 3/212-4010	Amount of Each Receipt this Period  500.00
Name of Employer Heritage Medical Associat-	Occupation Physician	Amex
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  2000.00	
SUBTOTAL of Receipts This Page (optional)		1100.00
TOTAL This Period (last page this line number		17949.00

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee (SkinPAC)  NAME OF COMMITTEE (In Full)  American Academy of Dermatology Association Political Action Committee (SkinPAC)  Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 53852  City Prose of Disbursement Arnex Fees  Candidate Name  Office Sought: House Senate Primary Other (specify) ▼  Itansaction ID: V266DF43FE6BDC91  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: V266DF43FE6BDC91  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: V266DF43FE6BDC91  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: V266DF43FE6BDC91  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: V266DF43FE6BDC91  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement this Period  Transaction ID: V266DF43FE6BDC91  Date of Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Date of Disbursement this Period  Date	TEMIZED DISPUBLICATION	Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 25 (check only one)
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee    NAME of COMMITTEE (In Full)	ITEMIZED DISBURSEMENTS	, ,	X   21b     22   23   24   25   26   27   28a   28b   28c   29   30b
NAME OF COMMITTEE (In Full) American Academy of Dermatology Association Political Action Committee (SkinPAC)  Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 53852  City State Zip Code Phoenix AZ 85072-3852 Purpose of Disbursement Amex Foss Candidate Name  Office Sought: House Disbursement For: Senate President District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Hagerstown MD 21741-6603 Purpose of Disbursement VisaMC Fees Candidate Name  Office Sought: House Disbursement For: Senate Primary General Primary General Primary General Purpose of Disbursement UsaMC Fees Candidate Name  Office Sought: House Disbursement For: Senate Primary General Disbursement VisaMC Fees Candidate Name  Office Sought: House Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Marchant Services  Mailing Address PO Box 6603  City Senate President State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Senate President State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Senate President State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Senate President State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  Amount of Each Disbursement this Period  Transaction ID: V2DAB1FF7AFFESE Date of Disbursement President State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  Amount of Each Disbursement this Period  Transaction ID: V2DAB1FF7AFFESE Date of Disbursement President State: District State			
American Express  Mailing Address PO Box 53852  City State Zip Code AZ 85072-3852  Purpose of Disbursement Amex Fees Candidate Name  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Zip Code Hagerstown MD 21741-6603  Purpose of Disbursement For: Senate President Disbursement For: Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Disbursement For: Ganeral President District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Disbursement For: Ganeral President District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Disbursement For: Ganeral President District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Zip Code Hagerstown MD 21741-6603  City State Zip Code MD 21741-6603  Purpose of Disbursement For: Ganeral President District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Zip Code MD 21741-6603  Purpose of Disbursement For: Ganeral Primary General Disbursement Other (specify) ▼  Substotal of Disbursement His Period  Substotal of Disbursement For: Ganeral Primary General Disbursement To: Category/ Type  Office Sought: General Disbursement For: General Disbursement For: General Disbursement District: Full Name (Last, First, Middle Initial) Merchant General Disbursement District: Full Name (Last, First, Middle Initial) Merchant General Disbursement District: Full Name (Last, First, Middle Initial) Merchant General Disbursement For: Ganeral Primary General Disbursement District: Full Name (Last, First, Middle Initial) Merchant General Disbursement District District Distr	1 \	ociation Political Action Com	nmittee (SkinPAC)
City	Full Name (Last, First, Middle Initial)		Transaction ID: VB01B580DF8C70B4
City	American Express		
Phoenix AZ 85072-3852  Purpose of Disbursement Amex Fees Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Zip Code Hagerstown MD 21741-6603  Purpose of Disbursement Visa/MC Fees Candidate Name  Office Sought: House Senate President District:  Full Name (Last, First, Middle Initial) More (Specify) ▼  Amount of Each Disbursement this Period  Transaction ID: V266DF43FE6BDC91 Date of Disbursement  Date of Disbursement  Date of Disbursement this Period  Amount of Each Disbursement this Period  Transaction ID: V266DF43FE6BDC91 Date of Disbursement this Period  Transaction ID: V266DF	Mailing Address PO Box 53852		0"5" / 03 / 2010
Purpose of Disbursement Amex Fees Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Hagerstown MD 21741-6603  Purpose of Disbursement Visa/MC Fees Candidate Name  Office Sought: House Primary General Office Sought: President Disbursement For: Senate Primary General Office Sought: House Primary General Office Sought: President Disbursement For: Senate Primary General Office Sought: Amount of Each Disbursement For: Senate Primary General Office Sought: Amount of Each Disbursement For: Senate Primary General Office Sought: President Disbursement For: City Hagerstown MD 21741-6603  Purpose of Disbursement VSMC Fees Candidate Name  Office Sought: House Disbursement For: Senate Primary General Office Sought: President Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Office Sought: President Disbursement For: Senate Primary General Office Sought: House Senate Primary General Office Sought: President Disbursement For: Senate Primary General			Amount of Each Disbursement this Period
Amex Fees Candidate Name  Office Sought: House   President   Pres		AZ 00072-3002	346.61
Category/ Type  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Malling Address PO Box 6603  City Hagerstown MD 21741-6603  Purpose of Disbursement For: Senate Primary General Other (specify) ▼  Office Sought: House Senate Primary General Other (specify) ▼  Transaction ID: V266DF43FE6BDC91 Date of Disbursement Initial Disbursement Initial Disbursement Initial Disbursement Initial Disbursement For: Senate Primary General Other (specify) ▼  Transaction ID: V266DF43FE6BDC91 Date of Disbursement Initial Disbursement Disbursem			
Office Sought:	Candidate Name		Category/
President   District:			
Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Hagerstown MD 21741-6603  Purpose of Disbursement Visa/MC Fees Candidate Name  Other (specify)  Transaction ID: V266DF43FE6BDC91  Date of Disbursement  Other (specify)  Transaction ID: V266DF43FE6BDC91  Date of Disbursement  Other (specify)  Amount of Each Disbursement this Period  Transaction ID: V20AB1FFF7AFFE5E  Date of Disbursement ID: V20AB1FFF7AFFE5E  Date of Disbursement ID: V20AB1FFF7AFFE5E  Date of Disbursement  Other (specify)  Transaction ID: V20AB1FFF7AFFE5E  Date of Disbursement  Other (specify)  State:  District:  District:  Subtrotal of Disbursement this Period  Amount of Each Disbursement  Other (specify)  State:  District:		,	
Merchant Services  Mailing Address PO Box 6603  City Hagerstown MD 21741-6603  Purpose of Disbursement VisaMC Fees Candidate Name  Office Sought: President State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Zip Code MD 21741-6603  Primary General Other (specify) ▼  Transaction ID: V2DAB1FFF7AFFE5E Date of Disbursement this Period  Transaction ID: V2DAB1FFF7AFFE5E Date of Disbursement  Of 5 M / Po 3 / Y 2 0 1 0 Y  Amount of Each Disbursement this Period  Transaction ID: V2DAB1FFF7AFFE5E Date of Disbursement  Of 5 M / Po 3 / Y 2 0 1 0 Y  Amount of Each Disbursement this Period  Transaction ID: V2DAB1FFF7AFFE5E Date of Disbursement  Of 5 M / Po 3 / Y 2 0 1 0 Y  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Office Sought: House Senate Primary General Pr	State: District:		
City Hagerstown MD 21741-6603  Purpose of Disbursement Visa/MC Fees Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Zip Code MD 21741-6603  Purpose of Disbursement VS/MC Fees Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State Zip Code MD 21741-6603  Amount of Each Disbursement this Period  Transaction ID: V2DAB1FFF7AFFE5E Date of Disbursement  MO MD 21741-6603  Amount of Each Disbursement this Period  Amount of Each Disbursement ID: V2DAB1FFF7AFFE5E Date of Disbursement  MO MD 21741-6603  Amount of Each Disbursement this Period  Amount of Each Disbursement this Period  Amount of Each Disbursement ID: V2DAB1FFF7AFFE5E Date of Disbursement  MO MD 21741-6603  City State Zip Code Amount of Each Disbursement this Period  Amount of Each Disbursement ID: V2DAB1FFF7AFFE5E Date of Disbursement ID: V2DAB1FFF7AFFE5E Date of Disbursement  MO MD 21741-6603  City Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Subtrotal of Disbursements This Page (optional) → 935.02	•		Transaction ID: V266DF43FE6BDC91 Date of Disbursement
Hagerstown MD 21741-6603 Purpose of Disbursement Visa/MC Fees Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Zip Code Hagerstown MD 21741-6603  Purpose of Disbursement Visa/MC Fees Candidate Name  Office Sought: House Senate Primary General	Mailing Address PO Box 6603		05  03  2010
Purpose of Disbursement Visa/MC Fees Candidate Name  Office Sought: House Senate President State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Zip Code Hagerstown MD 21741-6603  Purpose of Disbursement VS/MC Fees Candidate Name  Office Sought: House Senate Primary General District:  District: Amount of Each Disbursement this Period  Office Sought: House Senate Primary General Other (specify) ▼  State Zip Code MD 21741-6603  Amount of Each Disbursement this Period  Office Sought: House Senate Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional) ■  935.02	•		Amount of Each Disbursement this Period
Candidate Name    Category/ Type		MD 21/41-6603	558.41
Office Sought:  House			001
Senate President Other (specify) ▼  State: District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City State Zip Code Hagerstown MD 21741-6603  Purpose of Disbursement VS/MC Fees  Candidate Name  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional) ■  Primary General Other (specify) ▼  State: District:  Substortal of Disbursements This Page (optional) ■  Primary General Other (specify) ▼  935.02	Candidate Name		
Merchant Services  Mailing Address PO Box 6603  City State Zip Code Hagerstown MD 21741-6603  Purpose of Disbursement VS/MC Fees Candidate Name  Office Sought: House Primary General Other (specify) ▼  State: District:  Substot Ale of Disbursement Disbursement House Primary General Other (specify) ▼  Substot Ale of Disbursement For: Primary General Other (specify) ▼  Substot Ale of Disbursement House Primary Amount of Each Disbursement this Period Amount of Each Disbursement this Period General Other (specify) ▼  Substot Ale of Disbursement House Primary General Other (specify) ▼  Substot Ale of Disbursement House Primary General Other (specify) ▼  Substot Ale of Disbursement House Primary General Other (specify) ▼  Substot Ale of Disbursement House Primary General Other (specify) ▼	Senate President	Primary General	
City State Zip Code Hagerstown MD 21741-6603  Purpose of Disbursement VS/MC Fees Candidate Name Office Sought: House Senate Primary General President Other (specify) State: District:  SUBTOTAL of Disbursements This Page (optional)	,		Transaction ID: V2DAB1FFF7AFFE5B Date of Disbursement
Hagerstown  Purpose of Disbursement VS/MC Fees  Candidate Name  Office Sought: House Senate Primary General Prresident State: District:  SUBTOTAL of Disbursements This Page (optional)  MD 21741-6603  30.00  Category/ Type  Other (specify) ▼  935.02	Mailing Address PO Box 6603		05  03  2010
Purpose of Disbursement VS/MC Fees Candidate Name  Office Sought: House Senate Primary General Other (specify)  State: District:  SUBTOTAL of Disbursements This Page (optional)  30.00  Odd Odd Odd Odd Odd Odd Odd Odd Odd			Amount of Each Disbursement this Period
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Office Sought: House Disbursement For: Senate Primary General President Other (specify)   State: District:  SUBTOTAL of Disbursements This Page (optional)	Candidate Name	-	Category/
SUBTOTAL of Disbursements This Page (optional)	Senate	Primary General	71
COST OT THE OF SIGNATURE FINE FINE (Optional)	State: District:		
TOTAL This Period (lest page this line number only)	SUBTOTAL of Disbursements This Page (optional	ત્રી)	935.02
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FEMIZED DISBURSE	' Use separate schedul	ie(s)   (check only	NUMBER: PAGE 24 / 25 y one)
TEMIZED DISBURSE	Detailed Summary Pa	age 21b 27	22 X 23 24 25 2 28a 28b 28c 29 3
	Reports and Statements may not be sold or named the sold or name and address of any politions.		
NAME OF COMMITTEE (In Fu	<u> </u>		
Full Name (Last, First, Middle Ir	sition		
Charlie Dent for Congress	iliai)		Transaction ID: D04FAD8CABE1DE4 Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 4	142		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Allentown	State Zip Code PA 18105		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary		011	1000.00
Candidate Name Charles W. Dent		Category/ Type	
Office Sought: X House Senate Presider	Disbursement For: 2010  X Primary Gene Other (specify)	eral	
State: PA District: 15			
Full Name (Last, First, Middle Ir Democratic Senatorial Can			Transaction ID: EF33CD2D1786B39 Date of Disbursement
Mailing Address 120 Mary	rland Ave NE		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Contribution		011	5000.00
Candidate Name Democratic Senatorial Can	npaign Committee	Category/ Type	
Office Sought: House Senate Presider State: District:	Disbursement For: 2010 Primary Gene X Other (specify)  Contribution	ral	
Full Name (Last, First, Middle In Friends of Rosa Delauro	itial)		Transaction ID: 2C0A63FE277AA05I Date of Disbursement
Mailing Address 12 Trumb	oull Street		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City New Haven	State Zip Code CT 06511		Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary		011	1000.00
Candidate Name Rosa L. DeLauro		Category/ Type	
Office Sought:  X House Senate Presider	Disbursement For: 2010  X Primary Gene Other (specify)	1	
State: CT District: 03	L		

A.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMI	BER: PAGE 25/25
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one) 21b 22 27 28	
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name	,	, ,	· ·
NAME OF COMMITTEE (In Full) American Academy of Dermatology Associ	ation Political Action Comr	nittee (SkinPAC)	
Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress  Mailing Address 607 14th Street, NW Suite 800			nsaction ID: 68243A2C39229251E5 te of Disbursement 5 M / D D D / Y Y Y O Y O Y O
City	State Zip Code DC 20005	011	sount of Each Disbursement this Period
Candidate Name Nancy Pelosi		Category/ Type	
Office Sought:  X House  Senate  President  State: CA  District: 08	ment For: 2010 Primary X General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	12000.00